


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90016 027 ***150.00

DOCUMENT # P03000094607

1. Entity Name
AC OFFICE CORP.



Principal Place of Business Mailing Address

1450 MADRUGA AVENUE **1450 MADRUGA AVENUE**
SUITE 303 **SUITE 303**
CORAL GABLES, FL 33146 **CORAL GABLES, FL 33146**

44003303



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01222004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

EBIN, LINDA
825 BRICKELL BAY DRIVE
SUITE 1648
MIAMI, FL 33131-2920

4. FEI Number Applied For

80-0077025 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

 \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete

NAME **D COSCULLUELA, EUGENIO JR.**

STREET ADDRESS **1450 MADRUGA AVENUE**

CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE Delete

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE Delete

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE Delete

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE Delete

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE Delete

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/04

Date

(305) 662-6840

Daytime Phone #